FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

1122420											
ОМІ	OMB APPROVAL										
OMB Numl	ber: 3235-00	76									
Expires:	May 31, 20	05									
Estimated	average burden										
hours per response 16.00											
SEC	C USE ONLY										
SE(C USE ONLY Serial										
Prefix											

	<u> </u>
Name of Offering (~ check if this is an amendment and name has changed and indicate change.) Series E Convertible Preferred Stock and Common Stock issuable upon conversion of convertible notes of Strategic Management Group, Inc.	
Filing Under (Check box(es) that apply): ~ Rule 504 ~ Rule 505 🗷 Rule 506 ~ Section 4(6) ~ ULOE	
Type of Filing: New Filing ~ Amendment	2000
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (~check if this is an amendment and name has changed, and indicate change.) Strategic Management Group, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code Telephone Number (Including Area Code 3624 Market Street, University City Service Center, Philadelphia PA 19104 215.387.4000	de)
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices)	de)
Brief Description of Business Provides live and online training for management on key business issues	ROCESSEE
Type of Business Organization	OCT 212003
☑ corporation ☐ limited partnership, already formed ☐ other (please specify):	001 = 1 2003
□ business trust □ limited partnership, to be formed	THOMSON
Month Year	FINANCIAL
Actual or Estimated Date of Incorporation or Organization: 0 6 8 1 🗵 Actual 🗖 Estimated	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	P A
CN for Canada; FN for other foreign jurisdiction	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

			A. BASIC IDENT	TFIC	CATION DATA				
2. Enter the information request	ed for the foll	owing	5 :						
X Each promoter of the issueX Each beneficial owner hav issuer;X Each executive officer and	ing the power	to vo	te or dispose, or direc	t the	vote or disposition of				
X Each general and managin				porate	e general and managi	ng pa	rifiers of pa	ii iii ei si	iip issueis, and
Check Box(es) that Apply: □	Promoter		Beneficial Owner	X	Executive Officer	×	Director		General Partner and/or Managing Partner
Full Name (Last name first, if in Christino, James J.	dividual)	-							
Business or Residence Address 3624 Market Street, University			eet, City State, Zip C ter, Philadelphia, P.		104				
Check Box(es) that Apply: □		×	Beneficial Owner		Executive Officer	×	Director		General Partner and/or Managing Partner
Full Name (Last name first, if in Sisco, Dennis	dividual)								
Business or Residence Address 3624 Market Street, University			eet, City State, Zip C ter, Philadelphia, P.		104				
Check Box(es) that Apply:	Promoter	×	Beneficial Owner		Executive Officer	×	Director		General Partner and/or Managing Partner
Full Name (Last name first, if in Visser, Mark	dividual)								
Business or Residence Address 3624 Market Street, Universit			eet, City State, Zip C nter, Philadelphia, F		104				
Check Box(es) that Apply: □	Promoter	×	Beneficial Owner		Executive Officer		Director		General Partner and/or Managing Partner
Full Name (Last name first, if in Behrman Capital III, L.P.	dividual)								
Business or Residence Address 126 East 56th Street, New Yor		nd Str	eet, City State, Zip C	ode)					
Check Box(es) that Apply: □	Promoter		Beneficial Owner		Executive Officer		Director		General Partner and/or Managing Partner
Full Name (Last name first, if in	dividual)								
Business or Residence Address	(Number ar	nd Str	eet, City State, Zip C	ode)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General Partner and/or

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City State, Zip Code)

Managing Partner

•				B. INI	ORMAT	ION ABO	UT OFF	ERING				
1. Has the is	suer sold, or				n-accredited in 2, if filing			g?		Yes □	No ≥	
2. What is th	ne minimum	investment t	that will be a	accepted fro	m any indivi	dual?	•••••			\$ 50,000		
3. Does the	offering per	mit joint ow	nership of a	single unit?						Yes ☑	No □	
commiss offering. with a st	ne informationsion or similar. If a person atte or states, of such a broaden	ar remunera to be listed is list the nam	ation for solution for solution and association of the broken	icitation of ed person or ker or dealer	purchasers i agent of a bi r. If more th	in connection roker or deal an five (5) p	on with sale ler registered persons to be	s of securiti I with the SE e listed are a	es in the C and/or			
Full Name (I	Last name fi	rst, if indiv	ridual)									
Business or I	Residence A	Address (Nu	ımber and S	Street, City	, State, Zip	Code)			<u></u>			
Name of Ass	sociated Bro	ker or Dea	ler									
States in Wh	ich Person	Listed Has	Solicited or	Intends to	Solicit Pur	chasers						
(Check "A [AL] [IL] [MT]	All States" o [AK] [IN] [NE]	or check ind [AZ] [IA] [NV]	lividual Sta [AR] [KS] [NH]	tes) [CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	☐ All States [ID] [MO] [PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (I	Last name fi	irst, if indiv	vidual)									
Business or l	Residence A	Address (Nu	umber and S	Street, City	, State, Zip	Code)					<u> </u>	
Name of Ass	sociated Bro	ker or Dea	ler									
States in Wh	ich Person	Listed Has	Solicited or	r Intends to	Solicit Pur	chasers				<u> </u>		
•	All States" o											. ~ All States
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (I	Last name fi	irst, if indiv	/idual)									
Business or l	Residence A	Address (Nu	umber and S	Street, City	, State, Zip	Code)						
Name of Ass	sociated Bro	oker or Dea	ler							, , , , , , , , , , , , , , , , , , , 		····· <u>·</u>
States in Wh	nich Person	Listed Has	Solicited o	r Intends to	Solicit Pur	chasers						
(Check "	All States" o	or check inc	dividual Sta	tes)	•••••							. ~ All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	(NH) [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total sold. Enter "0≅ if answer is "none" or "zero." If the transaction is an exchange offering and indicate in the columns below the amounts of the securities offered for exchanged.	ng, check this box	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$ <u>1,500,000*</u>	\$ <u>1,500,000*</u>
	Convertible Securities (including warrants) (Series E Preferred Stock)	\$ <u>1,500,000</u>	\$ <u>1,500,000</u>
	Partnership Interests		\$
	Other (Specify:)		\$
	Total		\$1,500,000
*	Answer also in Appendix, Column 3, if filing under ULOE. *Represents value of common stock issuable upon conversion of Series E Preferred Stock.		
2.	Enter the number of accredited and non-accredited investors who have purchased offering and the aggregate dollar amounts of their purchases. For offerings under I the number of persons who have purchased securities and the aggregate dollar purchases on the total lines. Enter A0≅ if answer is "none" or "zero."	Rule 504, indicate	
		Number of Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	2	\$ <u>1,500,000</u>
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requeste sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) mont sale of securities in this offering. Classify securities by type listed in Part C-Quest	ths prior to the first	
		Type of	Dollar Amount
	Type of offering Not Applicable	Security	Sold
	Rule 505		\$
	Regulation A		p
	Rule 504		5
	Total		3
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution in this offering. Exclude amounts relating solely to organization expenses of information may be given as subject to future contingencies. If the amount of an exhaum, furnish an estimate and check the box to the left of the estimate.	the issuer. The	
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees.	x	\$ <u>15,000</u>
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify) Filing fees	X	\$ <u>5,000</u>
	Total	x	\$ <u>20,000</u>

	C. OFFERING PRICE, NUMBER O	OF INVESTORS, EXPENSES AN	D US	SE OF PROCE	CEDS
a	Enter the difference between the aggregate offering p nd total expenses furnished in response to Part C - Queroceeds to the issuer."	stion 4.a. This difference is the "adjusted	gross		\$ <u>1,480,000</u>
e: cl	dicate below the amount of the adjusted gross proceeds ach of the purposes shown. If the amount for any punck the box to the left of the estimate. The total of the roceeds to the issuer set forth in response to Part C - Q	rpose is not known, furnish an estimate payments listed must equal the adjusted	and		
				Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees			\$	□ \$
	Purchase of real estate			3	□ \$
	Purchase, rental or leasing and installation of mac	hinery and equipment		5	□ \$
	Construction or leasing of plant buildings and fac	ilities		5	□ \$
	Acquisition of other businesses (including the val offering that may be used in exchange for the asse pursuant to a merger)	ets or securities of another issuer		5	□ \$
	Repayment of indebtedness			5	□ \$
	Working capital			5	E \$ <u>1,480,000</u>
	Other (specify):			5	□\$
	Column Totals		□ 9	8	E \$ 1,480,000
	Total Payments Listed (column totals added)			₭ \$_	<u>1,480,000</u>
	D.	FEDERAL SIGNATURE			V
signatur	er has duly caused this notice to be signed by the und e constitutes an undertaking by the issuer to furnish to tion furnished by the issuer to any non-accredited inve	the U.S. Securities and Exchange Con	nmiss	sion, upon writter	
•	rint or Type) Management Group, Inc.	Signature E Ty	Le		Date October 3, 2003
Name of	Signer (Print or Type)	Title of Signer (Print or Type)			
Francis	E. Zysk	Senior Vice President Finance & Adn	ninist	ration	

ATTENTION

	E. STATE SIGNATURE								
1.	Is any party described in 17 CFR 230.262 presents of such rule?	ly subject to any of the disqualification provisions	Yes No ~ □						
	See Appe	ndix, Column 5, for state response.							
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.								
3.	The undersigned issuer hereby undertakes to furni offerees.	sh to the state administrators, upon written request, inform	nation furnished by the issuer to						
4.		is familiar with the conditions that must be satisfied to be this notice is filed and understands that the issuer claiming this have been satisfied.							
	issuer has read this notification and knows the conter authorized person.	nts to be true and has duly caused this notice to be signed on	its behalf by the undersigned						
	r (Print or Type)	Signature	Date						
Strategic Management Group, Inc.		Than E. Myse	October <u>/3</u> , 2003						
Nam	e (Print or Type)	Title (Print or Type)							

Senior Vice President Finance & Administration

Instruction:

Francis E. Zysk

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	2	2	3		Trendia	4	<u></u>	5	;
	Intend to non-ac investors (Part B-	to sell ccredited s in State	Type of security and aggregate offering price offered in State (Part C-Item 1)		Disqualification Under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Vas	No	\$1,500,000 Series E Convertible Preferred Stock	Number of Accredited	.	Number of Non-Accredited		Van	NI.
AL	Yes	140	Freierreu Stock	Investors	Amount	Investors	Amount	Yes	No
AK									
AZ								,	-
AR									
CA									
СО									·
CT									
DE					J-1.55				
DC									
FL									
GA									
HI				-					
ID									-
IL									
ĪN									
IA									
KS									
KY									
LA									
ME									
MD									
MA									
MI									
MN									
МО									
MS									·

APPENDIX 1 Disqualification Type of security Under State ULOE and aggregate Intend to sell (if yes, attach offering price Type of investor and to non-accredited explanation of investors in State offered in State amount purchased in State waiver granted) (Part C-Item 2) (Part B-Item 1) (Part C-Item 1) (Part E-Item 1) \$1,500,000 Series E Number of Number of Convertible Accredited Non-Accredited State Yes No **Preferred Stock** Investors Amount Investors Amount Yes No MT NE NV NH NJ NM NY " \mathbf{X} 2 \$1,500,000 NC ND ОН OK OR PA RI SC TN TX UT VT VA WA WV WI WY PR

0 25 0